



Yes! I am proud to support Newman's Annual Fund with a gift of \$_____.

Full Name_____

Address_____

City_____ State_____ Zip _____

Home Phone_____

Work Phone_____

E-Mail_____

Please select method of payment

_____ Check (payable to Newman Central Catholic High School)

_____ Credit Card

Card Options

Gifts may be made online anytime by visiting: www.newmancchs.org/

Annual Fund

Automatic Monthly Gift /Pledge Payment

_____ I authorize Newman to charge \$_____ per month

Start date_____/_____/_____ End date_____/_____/_____

One Time Charge

_____ Authorize Newman to charge the full payment of my gift/pledge

Please charge my gift to: _____ Visa _____ Master Card

Card Number:_____

Expiration Date:_____

Name on card:_____

Signature:_____

For more information, please contact: Newman Development Department (815) 625-0500 ext. #17 or jjarvis@newmancchs.org